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ADDRESS

By

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SURGEON GENERAL

OF THE

U. S. PUBLIC HEALTH SERVICE

AND

DEPUTY ASSISTANT SECRETARY OF HEALTH

U. S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



PRESENTED TO THE JOINT SESSION OF THE LEGISLATURE

OF THE STATE OF TEXAS

AUSTIN, TEXAS

MARCH 26, 1987

MR. PRESIDENT, MR. SPEAKER...

IT IS AN HONOR AND A GREAT PRIVILEGE FOR ME TO ADDRESS THIS JOINT SESSION OF THE LEGISLATURE OF THE STATE OF TEXAS.

AND WHILE YOUR INVITATION WAS ADDRESSED TO ME -- AND I WAS PLEASED TO ACCEPT IT -- I AM HERE TODAY REPRESENTING NOT JUST MYSELF BUT ALSO THE 5,000 OR SO PERSONNEL OF THE U.S. PUBLIC HEALTH SERVICE. I WANT VERY MUCH TO SHARE THE HONOR OF THIS MOMENT WITH THEM, BECAUSE SO MUCH OF WHAT I DO AND SAY IS THE PRODUCT OF THEIR HARD WORK.

ALSO, I WANT TO ACKNOWLEDGE THE EXCELLENT RELATIONSHIP THAT EXISTS BETWEEN THE PUBLIC HEALTH SERVICE AND THE LOCAL AND STATE PUBLIC HEALTH OFFICERS HERE IN TEXAS. AND, IF I MAY, I'D LIKE TO RECOGNIZE THE SPECIAL ROLE PLAYED BY YOUR COMMISSIONER OF HEALTH, DR. ROBERT BERNSTEIN, WHO HAS DONE SO MUCH TO FOSTER THOSE STRONG BONDS BETWEEN OUR RESPECTIVE PUBLIC HEALTH STAFFS.

WE VALUE THE TALENT, THE EXPERTISE, AND THE FRIENDSHIP OF OUR COLLEAGUES HERE IN TEXAS. AND I KNOW THEY APPRECIATE THE WORK WE DO AS WELL.

THAT'S THE WAY IT HAS BEEN OVER THE YEARS AND I'M SURE THAT'S THE WAY IT WILL CONTINUE TO BE IN THE FUTURE.

IT'S GOOD FOR THE PEOPLE OF TEXAS...AND I KNOW IT'S GOOD FOR AMERICA.

SO I TRULY APPRECIATE THIS OPPORTUNITY AND AM MINDFUL OF THE HONOR YOU GIVE ME.

HOWEVER, AS I STAND BEFORE YOU IN THIS CHAMBER, I AM MOST MINDFUL OF THE FOLLOWING...SINGLE...OVERWHELMING...AND PROFOUNDLY TRAGIC FACT:

THAT TEXANS WERE AMONG THE FIRST OF OUR CITIZENS, BACK IN 1980 AND 1981, TO BE IDENTIFIED AS BEING THE VICTIMS OF AIDS. THEY WERE ALSO AMONG THE FIRST IN THIS COUNTRY TO DIE OF THAT DISEASE.

I AM DEEPLY, DEEPLY SORRY THAT ANYONE -- ANYWHERE IN THE WORLD -- HAS HAD TO DIE OF THIS DISEASE. AND I AM GREATLY SADDENED, AS I KNOW WE ALL ARE, THAT MANY MORE -- MANY TENS OF THOUSANDS MORE -- WILL DIE OF THIS DISEASE IN THIS COUNTRY...AND HUNDREDS OF THOUSANDS MORE WILL DIE AROUND THE WORLD.

IT HASN'T BEEN 6 YEARS SINCE THE FIRST REPORTS OF THIS STRANGE DISEASE WERE RECEIVED BY OUR CENTERS FOR DISEASE CONTROL IN ATLANTA. YET, IT SEEMS LIKE AN ETERNITY. DURING THAT TIME...

WE'VE SEEN THE OFFENDING VIRUS AND WE'VE NAMED AND RENAMED IT...

WE'VE DEVELOPED A TEST TO DETERMINE IF THE VIRUS IS PRESENT IN SOMEONE'S BLOOD...

WE'VE BEEN ABLE TO GALVANIZE A LARGE, INTERNATIONAL ARMY OF BIOMEDICAL RESEARCHERS, INCLUDING MANY MEN AND WOMEN OF GENIUS WORKING IN LABORATORIES RIGHT HERE IN TEXAS...

AND FINALLY, OVER THE PAST 6 YEARS WE'VE DEVELOPED A WAY OF MONITORING THE SPREAD OF THE DISEASE THROUGH AN INTRICATE NATIONAL AND INTERNATIONAL SYSTEM OF EPIDEMIOLOGICAL REPORTING.

THAT LAST POINT IS EXTREMELY IMPORTANT, BECAUSE IT IS OUR ONLY BASIS FOR ESTIMATING WHAT THE IMPACT OF THIS DISEASE IS -- AND WILL BE -- UPON OUR HEALTH CARE SYSTEM AND UPON OUR SOCIAL INSTITUTIONS THEMSELVES. TIMELY, ACCURATE INFORMATION IS VITAL... ESPECIALLY FOR THE ELECTED REPRESENTATIVES OF A FREE PEOPLE.

WE ARE BEGINNING TO REALIZE THAT THE DISEASE OF AIDS -- AS IT CONTINUES TO SPREAD THROUGHOUT OUR POPULATION -- WILL BE DRAWING EVER MORE HEAVILY UPON THIS COUNTRY'S SOCIAL AND POLITICAL CAPITAL, AS WELL AS UPON OUR MEDICAL AND FINANCIAL CAPITAL.

IT'S A DIFFICULT CHALLENGE FOR AMERICANS. BUT WE ARE A GOOD PEOPLE. THROUGH TWO CENTURIES OF CHALLENGES OF MANY KINDS, THE AMERICAN PEOPLE HAVE CLUNG TO THEIR FUNDAMENTAL VALUES OF PERSONAL FREEDOM, MUTUAL ASSISTANCE, AND NATIONAL UNITY.

THOSE VALUES HAVE WITHSTOOD EVERY TEST. AND THEY ARE BEING TESTED AGAIN...RIGHT NOW...BY THE INFILTRATION OF THIS LETHAL DISEASE.

BUT I FIRMLY BELIEVE THAT THOSE VALUES WILL ONCE MORE BE OUR GUIDES FOR COLLECTIVE ACTION AND ONCE MORE WE SHALL SURVIVE A GRAVE THREAT TO OUR NATIONAL HEALTH AND WELL-BEING.

AND RIGHT HERE I MUST RECOGNIZE THE LEADERSHIP ALREADY DEMONSTRATED BY THE STATE OF TEXAS. I THINK, FOR EXAMPLE, THAT THE COMMISSIONER OF HEALTH'S "TASK FORCE ON AIDS," HAS DONE AN EXCELLENT JOB IDENTIFYING THE KEY ISSUES PRESENTED BY THIS DISEASE AND BY SOUNDING THE ALERT NOT WITH TERMS OF FEAR AND HYSTERIA BUT WITH FACTS AND GOOD TEXAN COMMON SENSE.

WHILE PREPARING FOR THIS VISIT, I LOOKED OVER THE RECOMMENDATIONS OF THE TASK FORCE AND I THINK THIS STATE IS IN VERY GOOD HANDS INDEED.

BUT, LIKE THE REST OF US, YOU'VE ONLY BEGUN WHAT APPEARS TO BE A LONG AND FEARFUL JOURNEY. ALL SIGNS POINT TO THIS DISEASE BEING A BURDEN TO US FOR THE REST OF THIS CENTURY AT THE VERY LEAST.

NATIONALLY, WE'VE HAD 33,000 CASES OF THE DISEASE REPORTED SO FAR. OVER HALF OF THEM HAVE DIED. AND MOST OF THE REST WILL.

THE TEXAS EXPERIENCE IS NO DIFFERENT: OVER 2,000 CASES SO FAR... AND TWO-THIRDS OF THEM DEAD...AND A BLEAK OUTLOOK FOR THE REST.

WE ANTICIPATE A CUMULATIVE TOTAL, NATIONALLY, OF MORE THAN A QUARTER OF A MILLION REPORTED AIDS CASES BY 1991. YOUR OWN STATE EPIDEMIOLOGISTS PREDICT THAT SOME 16,000 OF THEM WILL BE TEXANS.

THUS FAR, THE VAST MAJORITY OF AIDS VICTIMS HAVE BEEN HOMOSEXUALS, BISEXUAL MEN, AND INTRAVENOUS DRUG ABUSERS.

BUT THIS IS NO LONGER AN EXCLUSIVE CLUB. AS OF LAST WEEK, ABOUT 4 PERCENT OF ALL AIDS REPORTS HAVE INVOLVED HETEROSEXUAL MEN AND WOMEN WHO ARE NOT I.V. DRUG ABUSERS. APPARENTLY THEIR HETEROSEXUAL ACTIVITY ALONE WAS THEIR SINGLE RISK FACTOR.

OUR STATISTICIANS ESTIMATE THAT THE OVERALL NUMBER OF AIDS CASES WILL PROBABLY INCREASE 9-FOLD OVER THE NEXT FIVE YEARS. THAT'S A STEEP CURVE.

HOWEVER, THEY SAY THE NUMBER OF AIDS CASES INVOLVING HETEROSEXUALS WILL INCREASE ABOUT 20-FOLD. THAT'S A VERY STEEP CURVE.

ANOTHER TROUBLING FACT IS THE INCIDENCE OF THIS DISEASE AMONG BLACKS AND HISPANICS. THE SITUATION IS EXTREMELY SERIOUS AND WE'VE GOT TO TALK ABOUT IT.

IN THE POPULATION GENERALLY, 1 OF EVERY 8 AMERICANS IS BLACK... BUT AMONG AMERICANS WITH AIDS, 1 OF EVERY 4 IS BLACK: 24 PERCENT OF THE TOTAL CASES REPORTED SO FAR.

ONE OF EVERY 12 AMERICANS IS HISPANIC...BUT 1 OF EVERY 7 AMERICANS WITH AIDS IS HISPANIC. ALSO, ABOUT A THIRD OF ALL BLACK AND HISPANIC AIDS VICTIMS ARE I.V. DRUG ABUSERS, WHICH IS ALSO DISPROPORTIONATE.

IN ADDITION, MORE THAN HALF THE NUMBER OF INFANTS WITH AIDS ARE BLACK AND ANOTHER 24 PERCENT ARE HISPANIC. AGAIN, THESE ARE HIGHLY DISPROPORTIONATE FIGURES. NEARLY ALL THESE CHILDREN RECEIVED THE VIRUS FROM THEIR INFECTED MOTHERS EITHER IN UTERO OR DURING DELIVERY.

AND JUST TO INCREASE OUR SENSE OF HORROR AT THIS CATASTROPHE OCCURRING IN THE BLACK AND HISPANIC COMMUNITIES, WE SUSPECT THAT THE NUMBER OF CASES IS VASTLY UNDER-REPORTED.

THESE PIECES OF INFORMATION ARE ALL PART OF THE TOTAL PICTURE OF A DISEASE THAT IS RELENTLESSLY REACHING FURTHER AND FURTHER INTO OUR SOCIETY AND WE ARE PRACTICALLY POWERLESS TO STOP IT...OR EVEN SLOW IT DOWN.

IT WOULD APPEAR THAT THIS MIGHT BE THE TIME FOR REPRESENTATIVES FROM ALL LEVELS OF GOVERNMENT -- FEDERAL, STATE, AND LOCAL -- AS WELL AS FROM ALL CONCERNED INTERESTS IN THE PRIVATE SECTOR TO SIT DOWN TOGETHER AND LOOK AT TWO VERY SERIOUS ISSUES FOR THE FUTURE:

FIRST OF ALL, THE COSTS OF THIS DISEASE TO OUR SOCIETY ARE ALREADY HIGH...AND THEY ARE GOING TO GET ASTRONOMICAL. THE PRESENT COSTS OF RESEARCH AND PATIENT CARE ARE ALREADY RUNNING IN THE HUNDREDS OF MILLIONS OF DOLLARS. BEFORE ANOTHER DECADE PASSES, THEY COULD BE IN THE TENS OF BILLIONS.

SOME OF OUR EXPERTS ESTIMATE THAT AS EARLY AS 1991 THE TOTAL NATIONAL BILL FOR THE CARE OF AIDS PATIENTS WILL BE \$16 BILLION A YEAR...OR NEARLY TWICE WHAT WE'RE SPENDING THIS YEAR TO SUPPORT ALL THE PROGRAMS OF THE ENTIRE U.S. PUBLIC HEALTH SERVICE. HOW WILL THIS MONEY BE RAISED? HOW WILL IT BE SPENT? WHAT KINDS OF PRIORITIES SHOULD WE SET FOR OURSELVES?

AND A RELATED QUESTION IS THE ROLE OF INSURANCE. WITH A DISEASE SUCH AS AIDS...WITH ITS ENORMOUS POTENTIAL FOR BANKRUPTING A COMMUNITY'S HEALTH CARE SYSTEM...WE NEED TO TALK ABOUT THE ROLE THAT INSURANCE OUGHT TO PLAY...OR OUGHT NOT TO PLAY. IN THE CASE OF INSURANCE, AS THROUGHOUT THIS ISSUE OF FINANCING THE COSTS OF AIDS, WE DARE NOT HAVE DECISIONS MADE BY DEFAULT OR BY INDECISION.

SECONDLY, I THINK WE HAVE TO TAKE ANOTHER LOOK AT HOW WE CARE FOR THE TERMINALLY ILL PATIENT WITH AIDS. WE CAN'T CONTINUE INDEFINITELY TO SET ASIDE BEDS FOR THEM IN OUR ACUTE CARE AND GENERAL HOSPITALS. THE COSTS -- IN BOTH DOLLARS AND PERSONNEL -- WILL SIMPLY OVERWHELM OUR HOSPITAL AND SOCIAL SERVICE SYSTEMS. YET, WE KNOW THAT THE PERIOD OF DEBILITATION AND DYING CAN BE PROLONGED AND THAT EACH AIDS PATIENT REQUIRES SOME KIND OF CARE EVERY REMAINING DAY OF HIS OR HER LIFE. WE NEED TO DETERMINE JUST WHAT LEVELS OF CARE ARE NEEDED AND HOW WE WILL PROVIDE THAT CARE IN A COMPASSIONATE, PROFESSIONAL, AND RESOURCE-EFFECTIVE MANNER.

RIGHT NOW, WE'RE DOING A GREAT DEAL OF EXPERIMENTATION IN THE MATTER OF PATIENT CARE, AND I HAVE NOTHING BUT TOTAL ADMIRATION FOR THE DEDICATED HEALTH PERSONNEL WHO'VE BEEN INVOLVED SO FAR. BUT WE'VE GOT TO MAKE SURE THAT THESE DIFFERENT APPROACHES ARE RECOGNIZED AND UNDERSTOOD AND...WHEN THEY'RE SEEN TOGETHER IN CONTEXT...THAT THEY POINT US IN SOME HELPFUL AND HOPEFUL DIRECTIONS.

I BELIEVE THE TIME MAY BE NOW UPON US TO ENGAGE IN THIS KIND OF NATIONAL DIALOGUE ON FINANCES AND PATIENT CARE BECAUSE THE AMERICAN PEOPLE ARE GAINING A CLEARER UNDERSTANDING OF THE THREAT POSED TO THEM BY THIS DISEASE AND ARE, THEMSELVES, TRYING TO WORK THROUGH THE ISSUES.

IT WAS, BY THE WAY, FOR THAT VERY PURPOSE -- THAT IS, TO INCREASE PUBLIC UNDERSTANDING -- THAT PRESIDENT REAGAN ASKED ME, BACK IN FEBRUARY 1986, TO PULL TOGETHER EVERYTHING WE KNEW ABOUT AIDS AND PUT IT ALL DOWN IN A PLAIN-ENGLISH REPORT TO THE AMERICAN PEOPLE.

FOR 8 MONTHS -- FEBRUARY THROUGH SEPTEMBER OF LAST YEAR -- I MET QUIETLY AND PRIVATELY WITH INDIVIDUALS AND GROUPS FROM ACROSS THE SPECTRUM OF SOCIETY...

GROUPS LIKE THE NATIONAL EDUCATION ASSOCIATION AND THE NATIONAL P.T.A....

THE CHRISTIAN LIFE COMMISSION OF THE SOUTHERN BAPTIST CONVENTION AND THE SYNAGOGUE COUNCIL OF AMERICA...

I MET WITH THE NATIONAL COALITION OF BLACK AND LESBIAN GAYS AND THE WASHINGTON BUSINESS GROUP ON HEALTH.

I HAD GOOD MEETINGS WITH THE REPRESENTATIVES OF LOCAL, COUNTY, STATE, AND TERRITORIAL HEALTH OFFICIALS...26 GROUPS IN ALL.

THEY WERE ALL EXTRAORDINARILY HELPFUL. EACH ONE PLEDGED TO DO WHATEVER WAS NECESSARY TO DISTRIBUTE MY REPORT ACROSS THE LENGTH AND BREADTH OF AMERICA. AND MANY OF THEM ALREADY HAVE.

AFTER 8 MONTHS OF LISTENING AND WRITING, I DELIVERED MY REPORT TO THE WHITE HOUSE LATE LAST SEPTEMBER. THE DOMESTIC POLICY COUNCIL ACCEPTED IT...AND, OF COURSE, THE PRESIDENT ACCEPTED IT.

I WANT TO ASSURE YOU THAT AT NO TIME IN THIS HIGH-LEVEL REVIEW PROCESS DID ANYONE TINKER WITH IT. THE FINAL PUBLISHED REPORT I RELEASED ON OCTOBER 22 WAS THE EXACT SAME REPORT THAT I PERSONALLY WROTE BETWEEN FEBRUARY AND SEPTEMBER OF LAST YEAR.

THE REPORT HAS ACCOMPLISHED TWO THINGS:

FIRST, IT HAS IMPRESSED THE COUNTRY GENERALLY THAT AIDS IS INDEED EVERYBODY'S PROBLEM. SOME PEOPLE DID NOT WANT TO BELIEVE THAT.

NOW THEY MUST.

SECOND, THE REPORT MAKES CLEAR THAT, IN ORDER TO END THE CHAIN OF TRANSMISSION OF THIS DISEASE ONCE AND FOR ALL, WE NEED TO TEACH OUR YOUNG PEOPLE THE FACTS ABOUT AIDS AND ABOUT THEIR OWN SEXUALITY. THE OBJECTIVE IS TO MAKE THEM A LOT MORE RESPONSIBLE IN THEIR RELATIONSHIPS THAN THEIR ELDERS HAVE BEEN.

WHAT MIGHT SUCH AN EDUCATION PROGRAM SAY? WHO SHOULD SAY IT? WHO SHOULD HEAR IT? AND WHEN SHOULD THEY HEAR IT?

MOST EDUCATORS AGREE THAT ANY EDUCATIONAL PROGRAM IN THIS AREA OUGHT TO BE PART OF A COMPREHENSIVE CURRICULUM IN SCHOOL HEALTH EDUCATION. SUCH A CURRICULUM USUALLY INCLUDES INFORMATION ON NUTRITION, DENTAL HEALTH, PHYSICAL FITNESS, ACCIDENT PREVENTION, AND SO ON.

THE INFORMATION THAT IS AIDS-RELATED OUGHT TO BE EVERY BIT AS FACTUALLY CORRECT AND PERSONALLY SENSITIVE AS THE REST OF THE CURRICULUM.

SCIENCE AND GOVERNMENT CAN HELP PROVIDE THE FACTUALLY CORRECT INFORMATION. AND, AS A MATTER OF FACT, THE FEDERAL GOVERNMENT IS ALREADY SPENDING CLOSE TO \$100 MILLION TO BRING TOGETHER THE FACTS ABOUT AIDS AND DELIVER THEM TO THE AMERICAN PEOPLE.

BUT IN OUR AMERICAN TRADITION, JUDGMENTS AS TO THE SENSITIVITY AND MORALITY OF A PARTICULAR CURRICULUM ARE LEFT TO FAMILIES AND COMMUNITIES TO DECIDE.

I DO HAVE SOME OBSERVATIONS, HOWEVER, THAT ARE DRAWN FROM THE COLLECTIVE EXPERIENCE OF HEALTH AND MENTAL HEALTH EXPERTS WHO HAVE BEEN WORKING IN THIS AREA FOR A LONG TIME.

WITH MANY OF THEM I SHARE THE SAME DISCOMFORT WITH THE TERM "SEX EDUCATION." IT HAS, BY NOW, FAIRLY LIMITED CONNOTATIONS IN THE PUBLIC MIND. PEOPLE HEAR THE PHRASE, "SEX EDUCATION," AND THEY IMMEDIATELY THINK OF CLASS HOURS DEVOTED TO HUMAN REPRODUCTIVE BIOLOGY...WHAT MANY YOUNG PEOPLE THEMSELVES CALL "ORGAN RECITALS."

MOST SCHOOLS NOW OFFER THIS MINIMUM KIND OF SEX EDUCATION SOME TIME DURING THE JUNIOR HIGH OR MIDDLE SCHOOL YEARS AND THAT'S A GOOD THING, ALTHOUGH IT MIGHT BE A LITTLE LATE.

I HAVE URGED THAT THE MATERIAL BE PRESENTED EARLIER, AMONG 9-, 10-, AND 11-YEAR-OLDS.

OF COURSE, DEVELOPMENTAL AGE IS MORE IMPORTANT THAN CHRONOLOGICAL AGE. AND, AGAIN, COMMUNITY STANDARDS MUST BE TAKEN INTO ACCOUNT, AND THESE VARY FROM PLACE TO PLACE.

YOUNG CHILDREN ARE EXTREMELY CURIOUS ABOUT THEMSELVES, AS THEY SHAPE THEIR OWN IDENTITIES. THEY ARE ALSO KINDER AND MORE GENEROUS THAN OLDER CHILDREN...OR EVEN THAN MOST ADULTS, FOR THAT MATTER.

THEY ARE, ABOVE ALL, SUSCEPTIBLE TO BEING LOVED AND TO OFFERING MUCH LOVE IN RETURN.

AND SEX EDUCATION WITHOUT THE CONCEPT OF LOVE AND RESPONSIBILITY IS LIKE A PIECE OF PIE THAT'S ALL CRUST AND NO FILLING.

MY OWN PREFERENCE, THEREFORE, IS TO HAVE OUR CHILDREN INTRODUCED TO THE SUBJECT OF REPRODUCTIVE BIOLOGY WITHIN THE CONTEXT OF LEARNING ABOUT ADULT RELATIONSHIPS THAT ARE LOVING, CARING, RESPECTFUL, AND CONSIDERATE.

SUCH RELATIONSHIPS INCLUDE SOME FULFILLING SEXUAL ACTIVITY, BUT THEY ARE NOT DEFINED ONLY BY THAT ACTIVITY. THERE'S MUCH MORE TO HUMAN RELATIONSHIPS THAN JUST "GOOD SEX." AND YOUNG PEOPLE OUGHT TO BE TOLD THAT.

EVERYONE DREAMS OF SUCH A RELATIONSHIP. THE NOVELIST CALLS IT "TRUE LOVE." THE SOCIOLOGIST CALLS IT "MARITAL FIDELITY." THE SURGEON GENERAL CALLS IT "MONOGAMY."

AND STRICTLY FROM A PUBLIC HEALTH POINT OF VIEW, THE BEST DEFENSE AGAINST AIDS, SHORT OF TOTAL ABSTINENCE, IS TO MAINTAIN A FAITHFUL, MONOGAMOUS RELATIONSHIP...THE KIND OF RELATIONSHIP IN WHICH YOU HAVE ONLY ONE CONTINUING SEXUAL PARTNER...AND THAT PERSON IS AS FAITHFUL AS YOU ARE.

TO PARAPHRASE MR. LEE IACOCCA, I SAY...

IF YOU HAVE A MONOGAMOUS RELATIONSHIP...KEEP IT.

IF YOU DON'T HAVE ONE, GET IT.

MY ADVOCACY OF MONOGAMY MAY SOUND LIKE A MORALITY LESSON, BUT IN OUR BATTLE AGAINST AIDS, IT JUST SO HAPPENS THAT -- IN ADDITION TO EDUCATION -- YOU CAN COUNT SCIENCE AND MORALITY AS OUR MOST POWERFUL ALLIES.

FOR INDIVIDUALS WHO DON'T YET HAVE A FAITHFUL MONOGAMOUS RELATIONSHIP FOR WHATEVER REASON, I ADVISE ABSTINENCE. AND MY ADVICE IS STRAIGHTFORWARD ENOUGH: IF YOU DON'T KNOW WHAT YOU'RE DOING...OR WITH WHOM YOU'RE DOING IT...THEN DON'T DO IT.

I BELIEVE THAT'S NOT ONLY GOOD PUBLIC HEALTH DOCTRINE, IT'S ALSO GOOD SCIENCE. AND THERE ARE SOME WHO MIGHT ARGUE IT WAS GOOD MORALS AS WELL.

FINALLY, THERE ARE MANY INDIVIDUALS WHO DON'T HAVE A MONOGAMOUS RELATIONSHIP AND WHO WON'T REMAIN ABSTINENT. TO THEM I STRONGLY ADVISE THAT THEY TAKE EVERY PRECAUTION TO PROTECT THEMSELVES AND THEIR PARTNERS FROM THE RISK OF GETTING AIDS.

THEY NEED TO KNOW WITH ABSOLUTE CERTAINTY THAT NEITHER THEY NOR ANY OF THEIR SEXUAL PARTNERS ARE CARRYING THE AIDS VIRUS. IF THEY ARE NOT ABSOLUTELY CERTAIN, THEN THEY MUST TAKE PRECAUTIONS.

MY ADVICE TO THEM IS SIMPLE ENOUGH:

- * DON'T HAVE SEX WITH SOMEONE WHO ALREADY HAS AIDS. THAT OUGHT TO BE OBVIOUS.
- * DON'T SHARE NEEDLES IF YOU "SHOOT" DANGEROUS DRUGS. BUT BETTER STILL, DON'T "SHOOT" DRUGS AT ALL.
- * DON'T HAVE SEX WITH SOMEONE WHO INDULGES IN HIGH-RISK BEHAVIOR. THAT WOULD INCLUDE HOMOSEXUALS, INTRAVENOUS DRUG USERS, AND PROSTITUTES AND OTHERS WHO HAVE MANY DIFFERENT SEX PARTNERS. OBVIOUSLY THE SAME MESSAGE GOES TO ANY OF THOSE HIGH-RISK INDIVIDUALS AS WELL.
- * AND FINALLY, IF YOU DO DECIDE TO HAVE SEX WITH SUCH AN INDIVIDUAL ANYWAY -- A DECISION CARRYING PROFOUNDLY SERIOUS HEALTH CONSEQUENCES -- THEN, IF YOU'RE A MAN, AT LEAST USE A CONDOM FROM START TO FINISH. IF YOU'RE A WOMAN, MAKE SURE YOUR MALE PARTNER USES A CONDOM.

A CONDOM WON'T PROVIDE 100 PERCENT PROTECTION -- FEW THINGS IN LIFE DO -- BUT CONDOMS SEEM TO OFFER THE BEST PROTECTION SHORT OF MONOGAMY AND ABSTINENCE.

IF SEXUALLY ACTIVE PEOPLE WILL HEED THESE MESSAGES, THEY WILL ACHIEVE A HIGH DEGREE OF PROTECTION AND MOST LIKELY WON'T BE INFECTED WITH THE AIDS VIRUS.

I'M SHARING THESE THOUGHTS WITH YOU TODAY BECAUSE I BELIEVE THAT EACH OF US -- IN OUR HOMES OR IN OUR SCHOOLS -- HAS THE RESPONSIBILITY TO PASS THAT INFORMATION ON TO OUR CHILDREN. I PERSONALLY WOULD PREFER THAT THIS BE DONE BY PARENTS IN THE HOMES OF AMERICA.

I SAY THAT, KNOWING FULL WELL THAT MANY PARENTS SIMPLY CAN'T DO IT. THEY DIDN'T RECEIVE A SOLID FOUNDATION IN HUMAN SEXUALITY AND REPRODUCTIVE BIOLOGY WHEN THEY WERE CHILDREN EITHER.

ALSO, MOST PARENTS -- AND ADULTS IN GENERAL -- ARE NOT VERY GOOD ABOUT TALKING TO EACH OTHER ABOUT THEIR SEXUALITY. THEY FEEL FRUSTRATED, GUILTY, AND EVEN ANGRY BECAUSE THEY ARE UNABLE TO DO THE THING THAT THEY KNOW -- INTELLECTUALLY AND EMOTIONALLY -- THEY SHOULD DO: TALK TO THEIR CHILDREN ABOUT SEX.

BUT THEY CAN'T.

AND WITH THE DIVORCE RATE STILL HIGH IN THIS COUNTRY, IS IT ANY WONDER THAT MANY PARENTS ARE UNABLE TO TELL THEIR CHILDREN ABOUT THE FULL-DIMENSIONAL RICHNESS OF AN IDEAL HUMAN RELATIONSHIP?

STILL, IT REMAINS AS MY SINCEREST WISH THAT THE PARENTS OF THIS COUNTRY WILL BE THE PRIMARY TEACHERS OF SEX AND HUMAN RELATIONS TO THE CHILDREN OF THIS COUNTRY.

AND IF THEY CAN'T, THEN OUR SCHOOLS, CHURCHES, SYNAGOGUES, AND OTHER COMMUNITY INSTITUTIONS MUST BE PRE- PARED TO DO WHATEVER POSSIBLE TO PROVIDE OUR CHILDREN WITH THE BEST AVAILABLE INFORMATION ...PHYSICAL, SEXUAL, EMOTIONAL, AND PSYCHOLOGICAL ...TO HELP THEM NEGOTIATE THEIR OWN WAY THROUGH THE HUMAN CONDITION AND NOT BECOME VICTIMS OF IGNORANCE AND DISEASE...ESPECIALLY THE LETHAL DISEASE OF AIDS.

YOU, AS RESPONSIBLE LEGISLATORS, ALSO HAVE A VERY IMPORTANT ROLE TO PLAY. EVERYTHING I'VE MENTIONED SO FAR -- EDUCATION AND PATIENT CARE AND RESEARCH AND FINANCES -- MUST BE PRESSED INTO THE BATTLE AGAINST AIDS.

BUT THESE THINGS MUST BE DONE WITHIN THE FRAMEWORK OF AMERICAN LAW AND TRADITION. AND THE LEGISLATIVE RECORD MUST BE WRITTEN IN THE INDELIBLE INKS OF COMPASSION AND DUTY.

LADIES AND GENTLEMAN, I'VE DELIVERED THIS MESSAGE -- AND VARIATIONS OF IT -- MANY TIMES IN THE PAST FEW MONTHS. BUT IT DOESN'T GET ANY EASIER.

IT'S ESSENTIALLY A GRIM MESSAGE AND I GUESS I'M A GRIM COURIER.

I ONLY HOPE THAT EVERYONE WHO HEARS MY MESSAGE, WILL BELIEVE IT AND DO HIS OR HER PART TO...

STOP THE SPREAD OF AIDS...

PROTECT AND SAVE THE LIVES OF PEOPLE AT RISK, INCLUDING UNSUSPECTING YOUNG PEOPLE...

AND RETURN HUMAN SEXUALITY BACK TO ITS RIGHTFUL PLACE: PART OF THE TOTAL COMPLEX OF HUMAN, CARING, INTERPERSONAL RELATIONS.

THANK YOU.

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Acquired Immunodeficiency Syndrome (AIDS)
 Summary of Cases Meeting the CDC Surveillance Definition
 Surveillance Report - 02/27/87

5. Reported Cases of AIDS and Case-Fatality Rates by Half-Year of Diagnosis.

Half-Year of Diagnosis -----	Number of Cases -----	Number of Deaths -----	Case-Fatali Rate -----
Before 1980	0	0	----
1980 Jan -June	0	0	----
July-Dec	2	2	100%
1981 Jan -June	1	1	100%
July-Dec	7	6	86%
1982 Jan -June	8	7	88%
July-Dec	21	20	95%
1983 Jan -June	50	46	92%
July-Dec	78	72	92%
1984 Jan -June	140	124	89%
July-Dec	180	160	89%
1985 Jan -June	252	213	85%
July-Dec	355	255	72%
1986 Jan -June	466	246	53%
July-Dec	447	131	29%
1987 Jan -Feb 27	61	7	11%
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Totals	2068	1290	62%